

Fostamatinib



Included Products: Tavalisse (fostamatinib)

Created: 07/12/2018

Revised: 07/12/2018

Reviewed: 01/12/2023

Updated: 02/01/2023

Immune Thrombocytopenic Purpura

Initial Criteria		If yes	If no
1.	Does the member have a diagnosis chronic idiopathic thrombocytopenic purpura (ITP) for at least 3 months?	Continue to #2.	Do not approve.
2.	Is Tavalisse being prescribed by a hematologist?	Continue to #3.	Do not approve.
3.	Is there medical record documentation of platelet count of less than 20,000 per mm ³ or less than 30,000 per mm ³ with symptoms of bleeding?	Continue to #4.	Do not approve.
4.	Is there documentation of failure of or contraindication to THREE formulary alternatives? a. Systemic corticosteroids b. Immunoglobulin replacement (PA required) c. Splenectomy d. Rituxan	Continue to #5.	Do not approve.
5.	Approve for 6 months		
Renewal Criteria		If yes	If no
1.	Is there medical record documentation of the following?: Maintenance of platelet counts between 30,000 per mm ³ and 150,000 per mm ³ or a doubling of platelet counts from baseline with resolution of bleeding episodes.	Continue to #2	Do not approve.
2.	Approve for 6 months		